

National Gallery of Art

Group Meal Plans: Cascade Café Voucher Program

Please fax or e-mail this form to Restaurant Associates no later than two weeks prior to your event. A final guest count will be confirmed 72 hours prior to your event.

E-mail: restaurantassociates@nga.gov

Fax: 202-712-7450

Group meal plan selection: _____

Quantity: _____ Time of event: _____

Signature: _____ Date: _____

CREDIT CARD AUTHORIZATION

I authorize Restaurant Associates to charge my credit card for the expenses associated with food service. A receipt will be given after the event to the client.

The credit card information is as follows:

Name on Credit Card: _____

Credit Card #: _____ Expiration date: _____

Credit Card Type: American Express MasterCard Visa Discover

Mailing Address for Card: _____

Signature of Card Holder: _____

Amount to be charged: _____